

WING: _____

AIRCRAFT MONTHLY UTILIZATION REPORT

COMPILED BY: _____

DATE OF REPORT: _____

PHONE NUMBER: _____

Report all aircraft tachometer time by mission number. A negative report is required.

[illegible]

MISSION SYMBOLS

USAF Reimbursable Missions

Mission Symbol	Description
A1	AFRCC SAR mission.
A2	Air Force National Security Preparedness Office (AFNSEP) mission. (Note 1)
A3	Counterdrug mission.
A4	Missions specifically approved by the Air Force (i.e., low-level survey, courier, etc.).
A5	SAR/DR training/evaluation mission/CAPR60-2 inspections. (Note 2)
A6	AFROTC orientation flights including flights to and from the orientation site.
A7	CAPFs 5 & 91 evaluation and National Check Pilot Standardization Course and Flight Clinics.

USAF Non-reimbursable Missions (May be reimbursed by another agency)

B8	Squadron or higher official conferences or meetings, maintenance flights.
B9	Red Cross missions.
B10	Federal Emergency Management Agency missions.
B11	National Oceanic and Atmospheric Administration (NOAA & NWS) missions.
B12	Mission pilot proficiency flights (4 hrs. of proficiency flying per month authorized IAW Atch. 10), upgrade training IAW CAPR 60-1, para. 3-6. and SAR/DR training IAW CAPR 50-15.
B13	Support to other federal or national relief agencies with an Air Force approved MOU.
B14	Support to state, county and local agencies with an Air Force approved MOU.
B15	Cadet orientation flights IAW CAPF 77.
B16	Cadet flights: training, flight encampments/academies, cadet encampments.

B17	911T missions.
B18	CAPFs 5 & 91 evaluation and National Check Pilot Standardization Course and Flight Clinics not flown under an AF mission number.
B99	Other flights specifically approved by the USAF (All requests for approval will be sent to CAP-USA Region/CC).

CAP Corporate Missions

C1	Proficiency and training flights not designed as a USAF assigned mission.
C2	Support to state, county and local agencies not designed as a USAF assigned mission.
C3	Other CAP flying.

Other

L1	CAP & CAP-USA Liaison officer flying
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Note 1. Does not include FEMA (B10) missions, Red Cross (B9) missions, or support to other Federal or National Relief agencies with an Air Force approved MOU (B13).

Note 2. CAPR 60-2 inspections are only authorized as an A5 mission if pre-approved in advance by the CAP-USA Liaison Region.

INSTRUCTIONS

1. **A NEGATIVE REPORT IS REQUIRED.** If there has been no activity, fill in the **COMPILED BY**, **DATE** and **PHONE NUMBER** and leave the form blank.
2. Enter the **WING**. Congressional Squadron and National Headquarters assigned squadrons will enter their individual squadrons.
3. **"COMPILED BY:"** section. Enter name of person filling out the report.
4. **"DATE OF REPORT:"** section: Enter month and year for which the report is submitted.
5. **"PHONE NUMBER:"** section: Enter phone number of person filling out the report.
6. Combine all member furnished flying time (tachometer time) and enter under the individual mission numbers.
7. List each corporate aircraft by N-number and enter the appropriate flying time (tachometer time) under the individual mission number.
(Report glider flight time from launch to touchdown)

THE PRIMARY METHOD OF SUBMITTING THIS REPORT IS VIA THE WORLD WIDE WEB AT (<http://www.cap.af.mil/>). THIS PAPER FORM IS A SECONDARY METHOD OF SUBMISSION.